

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000033750**

1. Entity Name

TOUCH DOWN PAINTING, INC.



Principal Place of Business

6480 NW 57TH CT.  
OCALA, FL 34482

Mailing Address

6480 NW 57TH CT.  
OCALA, FL 34482



04262006

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3441777

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

ESCARCEGA, TONY  
6480 NW 57TH CT.  
OCALA, FL 34482

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PCM
NAME	ESCARCEGA, TONY
STREET ADDRESS	6480 NW 57TH CT.
CITY-ST-ZIP	OCALA, FL 34482
TITLE	S
NAME	ESCARCEGA, PAM
STREET ADDRESS	6480 NW 57TH CT.
CITY-ST-ZIP	OCALA, FL 34482
TITLE	TV
NAME	ARMSTRONG, DENNIS
STREET ADDRESS	5811 NW 64TH CT.
CITY-ST-ZIP	OCALA, FL 34482
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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05/17/06-80042-019 130.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, OR DIRECTOR

Date

Daytime Phone #

✓ 4/27/06 ✓ (352) 690-7057